

| POSITION                         | INITIALS | IF NO. | DATE                 |
|----------------------------------|----------|--------|----------------------|
| <b>FEE DETERMINATION</b>         |          |        |                      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |                      |
| <b>FORMALITY REVIEW</b>          | 22       | 897    | 02/21/01<br>02-07-01 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |                      |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| ÷                   | Restricted | O | Objected     |

| Claim | Date   |
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| 1     | 1/1/01 |
| 2     |        |
| 3     | ✓      |
| 4     | ✓      |
| 5     | ✓      |
| 6     | ✓      |
| 7     | ✓      |
| 8     | ✓      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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